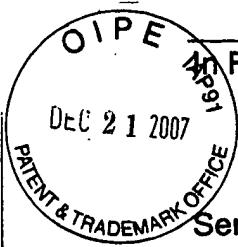


C of C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Re Patent Application of :

Adelson, et al. : Group Art Unit: **2171**

Serial No. **09/818,708** : Atty. Dkt: **ADELSON-1**

Patent No. **7,174,318** :

Filing Date: **03/27/2001** :

Examiner: **Cindy Nguyen**

Issue Date: **02/06/2007** :

For: **METHOD AND SYSTEM FOR AN ONLINE-LIKE ACCOUNT PROCESSING
AND MANAGEMENT**

Commissioner for Patents
ATTN: Certificate of Corrections Branch
P.O. Box. 1450
Alexandria, VA 22313-1450

PETITION FOR CERTIFICATE OF CORRECTION

Dear Sir:

Applicant submits that errors appear in U.S. Patent No. 7,174,318, as a result of U.S. Patent and Trademark Office mistakes. Accordingly, applicant submits the attached Certificate of Correction.

Applicant submits an error appears in the spelling of the name of an inventor, as the result of U.S. Patent and Trademark Office error. Accordingly, applicant requests the spelling of the name of the third listed inventor to be corrected from "Doug Bender" to read –Doug Bendel-. The correct spelling is evidenced by the enclosed copy of the Declaration of record in the file of the present patent.

Applicant submits that an error appears in the priority date as printed in the patent as a result of a Patent and Trademark Office mistake. Applicant claimed the benefit under 35 U.S.C. 119(e) of U.S. Provisional Application 60/192,715, filed March

DEC 28 2007

28, 2000, in the declaration submitted with the initial filing on March 27, 2001. See declaration attached. The Office confirmed the claim of benefit of U.S. Provisional Application 60/192,715 in the Filing Receipt mailed September 14, 2001 and in the Bibliographic Data Sheet, confirmation no. 9915 and mail room date March 27, 2001. See Filing Receipt and Bibliographic Data Sheet attached. Additionally, the claimed benefit of the provisional application is reflected in the filing receipt for U.S. Patent Application No. 11/641,558, a CON of 09/818,708, mailed March 26, 2007. See Updated Filing Receipt attached below. Accordingly, applicant respectfully requests the issued patent to be corrected to include the benefit of U.S. Provisional Application 60/192,715.

Applicant believes he has addressed all mistakes in issued U.S. Patent 7,174,318 B2. Accordingly, applicant requests the issue of a certificate of correction stating the fact and nature of such mistakes, under seal, without charge, to be recorded in the records of patents.

Should any fees be due and owing as a result of this paper, the Office is hereby authorized to charge such fees to Deposit Account No. 50-3208.

Should there be any questions, the Office is cordially invited and requested to contract Applicant's undersigned attorney listed below.

Respectfully submitted,

Dated: December 12, 2007

Joseph R. Carvalko
Joseph R. Carvalko
Reg. No. 29,779
Howard IP Law Group
P.O. Box 226
Fort Washington, PA 19034
(215) 542-5824 (Phone)
(215) 542-5824 (Fax)
Attorneys for Applicant

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO. : 7,174,318

Page 1 of 1

APPLICATION NO. : 09/818,708

ISSUE DATE : February 6, 2007

INVENTOR(S) : Adelson, et. al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On the Title Page, Item (76), Inventors: change the spelling of the third named inventor "Doug Bender" to read --Doug Benda--.

On the Title Page, add a heading as follows --Related U.S. Application Data--. Following the heading, insert a priority claim as follows: --(60) Provisional application no. 60,192,715, filed on Mar. 28, 2000--.

In the specification at column 1, line 5, please amend to add the heading --CROSS REFERENCE TO RELATED APPLICATIONS--. Following the heading, amend the specification at column 1, line 8 to read --This application claims the benefit of U.S. Provisional Application No. 60/192,715, filed March 28, 2000, which is incorporated herein by reference--.

MAILING ADDRESS OF SENDER (Please do not use customer number)

P.O. Box 226
Fort Washington, PA 19034
215-542-5824

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DEC 28 2007

Please type a plus sign (+) inside the box → +



PTO/SB/01 (12-97)

Approved for use through 8/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Adelson-1
First Named Inventor	Adelson, Richard
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AN ONLINE-LIKE ACCOUNT PROCESSING SYSTEM AND METHOD FOR
ACCOUNT MANAGEMENT**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/192,715	03/28/00	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)																									
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Arthur L. Plevy</td> <td>24,277</td> <td>Paul A. Schwarz</td> <td>37,577</td> </tr> <tr> <td>Edward J. Howard</td> <td>42,670</td> <td>Jane E. Alexander</td> <td>36,014</td> </tr> <tr> <td>Carl A. Giordano</td> <td>41,780</td> <td></td> <td></td> </tr> </tbody> </table>			Name	Registration Number	Name	Registration Number	Arthur L. Plevy	24,277	Paul A. Schwarz	37,577	Edward J. Howard	42,670	Jane E. Alexander	36,014	Carl A. Giordano	41,780											
Name	Registration Number	Name	Registration Number																								
Arthur L. Plevy	24,277	Paul A. Schwarz	37,577																								
Edward J. Howard	42,670	Jane E. Alexander	36,014																								
Carl A. Giordano	41,780																										
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td colspan="3">Arthur L. Plevy</td> </tr> <tr> <td>Address</td> <td colspan="3">Duane, Morris & Heckscher, LLP</td> </tr> <tr> <td>Address</td> <td colspan="3">100 College Road-West, Suite 100</td> </tr> <tr> <td>City</td> <td>Princeton</td> <td>State</td> <td>NJ</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>609-919-4402</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>609-919-4401</td> </tr> </table>				Name	Arthur L. Plevy			Address	Duane, Morris & Heckscher, LLP			Address	100 College Road-West, Suite 100			City	Princeton	State	NJ	Country	USA	Telephone	609-919-4402			Fax	609-919-4401
Name	Arthur L. Plevy																										
Address	Duane, Morris & Heckscher, LLP																										
Address	100 College Road-West, Suite 100																										
City	Princeton	State	NJ																								
Country	USA	Telephone	609-919-4402																								
		Fax	609-919-4401																								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																											
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor																									
Given Name (first and middle if any)		Family Name or Surname																									
Richard		Adelson																									
Inventor's Signature				Date																							
Residence: City	Newington	State	CT	Country	USA	Citizenship	USA																				
Post Office Address	33 Harold Drive																										
Post Office Address																											
City	Newington	State	CT	ZIP	06111	Country	USA																				
<input checked="" type="checkbox"/> Additional inventors are being named on the		supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto																									



Please type a plus sign (+) inside the box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>				
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Kathy		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Barrett				
Inventor's Signature						Date
Residence: City	Enfield	State	CT	Country	USA	Citizenship
Post Office Address	11 Bailey Road					
Post Office Address						
City	Enfield	State	CT	ZIP	06082	Country
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Doug		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Bendel				
Inventor's Signature						Date
Residence: City	West Hartford	State	CT	Country	USA	Citizenship
Post Office Address	82 Timberwood Road					
Post Office Address						
City	West Hartford	State	CT	ZIP	06117	Country
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Keven J.		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Busque				
Inventor's Signature						Date
Residence: City	Manchester	State	CT	Country	USA	Citizenship
Post Office Address	50 Holl Street					
Post Office Address						
City	Manchester	State	CT	ZIP	06040	Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Daniel B.

Chaput

Inventor's Signature

Date

Residence: City

Mansfield Ctr.

State

CT

Country

USA

Citizenship

USA

Post Office Address

56 River Road

Post Office Address

City

Mansfield Ctr.

State

CT

ZIP

06250

Country

USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Marie T.

Engel

Inventor's Signature

Date

Residence: City

Ellington

State

CT

Country

USA

Citizenship

USA

Post Office Address

22 Ellsworth Lane

Post Office Address

City

Ellington

State

CT

ZIP

06029

Country

USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Marshall

Kaplan

Inventor's Signature

Date

Residence: City

West Hartford

State

CT

Country

USA

Citizenship

USA

Post Office Address

44 Selden Hill Drive

Post Office Address

City

West Hartford

State

CT

ZIP

06107

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>5</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Beverly I.			Kirby				
Inventor's Signature						Date	
Residence: City	Enfield	State	CT	Country	USA	Citizenship	USA
Post Office Address	6 Birchwood Road						
Post Office Address							
City	Enfield	State	CT	ZIP	06082	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John			Lamb				
Inventor's Signature						Date	
Residence: City	Newtown	State	CT	Country	USA	Citizenship	USA
Post Office Address	178 Brushy Hill Road						
Post Office Address							
City	Newtown	State	CT	ZIP	06470	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Nora			Medina				
Inventor's Signature						Date	
Residence: City	Madison	State	WI	Country	USA	Citizenship	USA
Post Office Address	910 North Westfield Road						
Post Office Address							
City	Madison	State	WI	ZIP	53717	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Sandra J.		Meyerhofer					
Inventor's Signature							Date
Residence: City	Berlin	State	CT	Country	USA	Citizenship	USA
Post Office Address	110 Elton Road						
Post Office Address							
City	Berlin	State	CT	ZIP	06037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Jeff		Ryan					
Inventor's Signature							Date
Residence: City	W. Simsbury	State	CT	Country	USA	Citizenship	USA
Post Office Address	131 Old Farms Road						
Post Office Address							
City	W. Simsbury	State	CT	ZIP	06092	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Jean A.		Sirica					
Inventor's Signature							Date
Residence: City	Naugatuck	State	CT	Country	USA	Citizenship	USA
Post Office Address	45 Heritage Drive						
Post Office Address							
City	Naugatuck	State	CT	ZIP	06770	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

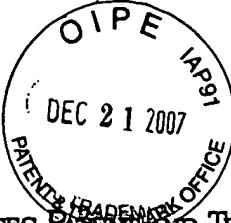
Please type a plus sign (+) inside this box → +

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Mark J.		Smith					
Inventor's Signature							Date
Residence: City	West Hartford	State	CT	Country	USA	Citizenship	USA
Post Office Address	140 Hyde Road						
Post Office Address							
City	West Hartford	State	CT	ZIP	06117	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
James		Tsukalas					
Inventor's Signature							Date
Residence: City	Hebron	State	CT	Country	USA	Citizenship	USA
Post Office Address	10 Hebron Landing						
Post Office Address							
City	Hebron	State	CT	ZIP	06248	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
M. Kathleen		Williams					
Inventor's Signature							Date
Residence: City	Barkhamsted	State	CT	Country	USA	Citizenship	USA
Post Office Address	78 No. Canton Road						
Post Office Address							
City	Barkhamsted	State	CT	ZIP	06059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/818,708	03/27/2001	2171	1200	ADELSON-1	6	40	2

CONFIRMATION NO. 9915

UPDATED FILING RECEIPT



OC00000006556559

Arthur L. Plevy, Esq.
 Duane, Morris & Heckscher, LLP
 100 College Road West, Suite 100
 Princeton, NJ 08540

Date Mailed: 09/14/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Richard Adelson, Newington, CT;
 Kathy Barrett, Enfield, CT;
 Doug Bendel, West Hartford, CT;
 Keven J. Busque, Manchester, CT;
 Daniel B. Chaput, Mansfield Ctr., CT;
 Marie T. Engel, Ellington, CT;
 Marshall Kaplan, West Hartford, CT;
 Beverly I. Kirby, Enfield, CT;
 John Lamb, Newtown, CT;
 Nora Medina, Madison, WI;
 Sandra J. Meyerhofer, Berlin, CT;
 Jeff Ryan, W. Simsbury, CT;
 Jean A. Sirica, Naugatuck, CT;
 Mark J. Smith, West Hartford, CT;
 James Tsokalas, Hebron, CT;
 M. Kathleen Williams, Barkhamsted, CT;

Domestic Priority data as claimed by applicant

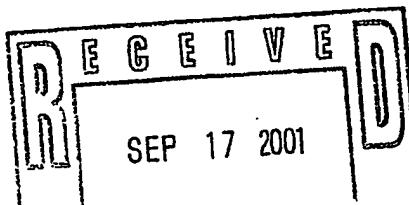
THIS APPLN CLAIMS BENEFIT OF 60/192,715 03/28/2000

3K 10/1/01 file
 SSS

Foreign Applications

If Required, Foreign Filing License Granted 05/03/2001

Projected Publication Date: 12/27/2001



No 656-21

Non-Publication Request: No

Early Publication Request: No

Title

Method and system for an online-like account processing and management

Preliminary Class

707

Data entry by : WOLDEYES, TEGUEST

Team : OIPE

Date: 09/14/2001





UNITED STATES PATENT AND TRADEMARK OFFICE



Page 1 of 2

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



BB Data Sheet

CONFIRMATION NO. 9915

SERIAL NUMBER 09/818,708	FILING DATE 03/27/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. ADELSON-1
-----------------------------	-----------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

Richard Adelson, Newington, CT;
Kathy Barrett, Enfield, CT;
Doug Bendel, West Hartford, CT;
Keven J. Busque, Manchester, CT;
Daniel B. Chaput, Mansfield Ctr., CT;
Marie T. Engel, Ellington, CT;
Marshall Kaplan, West Hartford, CT;
Beverly I. Kirby, Enfield, CT;
John Lamb, Newtown, CT;
Nora Medina, Madison, WI;
Sandra J. Meyerhofer, Berlin, CT;
Jeff Ryan, W. Simsbury, CT;
Jean A. Sirica, Naugatuck, CT;
Mark J. Smith, West Hartford, CT;
James Tsokalas, Hebron, CT;
M. Kathleen Williams, Barkhamsted, CT;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/192,715 03/28/2000

yes *no*

** FOREIGN APPLICATIONS *****

N/A *on*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/03/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 2
---	--	------------------------	------------------------	-----------------------	----------------------------

ADDRESS

Arthur L. Plevy, Esq.
Duane, Morris & Heckscher, LLP
100 College Road West, Suite 100
Princeton, NJ 08540

TITLE

Method and system for an online-like account processing and management

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of)

FILING FEE FEES: Authority has been given in Paper

RECEIVED No. _____ to charge/credit DEPOSIT ACCOUNT
1200 No. _____ for following:

(time)

1.18 Fees (Issue)

Other _____

Credit